

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER			10/11/00
FORMALITY REVIEW		16853	11/24/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

See original document

Claim	Final	Original	Date
1	✓	✓	3/13/00
2	✓	✓	3/13/00
3	✓	✓	3/13/00
4	✓	✓	3/13/00
5	✓	✓	3/13/00
6	✓	✓	3/13/00
7	✓	✓	3/13/00
8	✓	✓	3/13/00
9	✓	✓	3/13/00
10	✓	✓	3/13/00
11	✓	✓	3/13/00
12	✓	✓	3/13/00
13	✓	✓	3/13/00
14	✓	✓	3/13/00
15	✓	✓	3/13/00
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49	✓	✓	3/13/00
50	✓	✓	3/13/00

Claim	Final	Original	Date
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99	✓	✓	3/13/00
100	✓	✓	3/13/00

Claim	Final	Original	Date
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148	✓	✓	3/13/00
149	✓	✓	3/13/00
150	✓	✓	3/13/00

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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